

## EPA Membership Renewal Agreement FY16

\_\_\_\_\_  
(Last Name) (First Name) (MI)

Work E-mail: \_\_\_\_\_@EPA.gov Work Phone: \_\_\_\_\_

GS Level: \_\_\_\_\_ Emergency Contact & Phone: \_\_\_\_\_

Circle Fitness Center: Potomac Yard / Ronald Reagan Member # \_\_\_\_\_

### **AGREEMENT**

I hereby certify that I am an eligible candidate for membership by virtue of my position as a direct hire civil servant or otherwise eligible as determined by the criteria established by the governing Agencies. I understand fully that my membership fee is a bi-weekly payroll deduction based on my pay grade.

\_\_\_\_\_[Applicant's Initials]. I understand further that the MEMBERSHIP FEE applies, REGARDLESS OF MY FREQUENCY OF USE OF THE EXERCISE FACILITIES. \_\_\_\_\_[Applicant's Initials]

### **CANCELLATION POLICY**

\_\_\_\_\_[Applicant's Initials] I understand that in order to cancel my fitness center membership, I must provide a written cancellation request form to the Fitness Center, **and stop the allotment myself** accessing the employee express web-page: <https://www.employeeexpress.gov/DefaultLogin.aspx>

\_\_\_\_\_[Applicant's Initials] I further understand that if I do not cancel the allotment **myself** and funds continue to be deducted, I am not entitled to a refund.

\_\_\_\_\_[Applicant's Initials] I understand failure to pay any delinquent fees could result in ineligibility for membership reinstatement for a period of 12 months.

**PAYMENT**

At this time I have set up my periodic installment via Payroll Allotment (must provide confirmation) to reflect the following deduction amount bi-weekly \$ \_\_\_\_\_.

**Confirmation received: Date:** \_\_\_\_\_ **Staff Initial:** \_\_\_\_\_

**RULES AND REGULATIONS**

I have read and had the opportunity to ask questions about the rules and regulations of the Ronald Reagan Building Fitness Center \_\_\_\_\_ [Applicant's Initials]. I agree to abide by ALL of the rules and regulations of the facility \_\_\_\_\_ [Applicant's Initials]. I understand that I run the risk of losing my fitness center membership if I do not follow ALL rules and regulations \_\_\_\_\_ [Applicant's Initials].

No Screening Expiration Date: \_\_\_\_\_

I hereby certify that my medical health has not changed since I was originally screened. In the event that it does, I will notify the staff immediately \_\_\_\_\_ [Applicant's Initials]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_